



## Development Services

Permit Processing 425-452-4898

# Application for Plumbing, Mechanical, or Electrical

APPLICATION DATE	TECH INIT.	PLAN REVIEW waived by	LAND USE REVIEW (in a Design District or located on a roof top) Yes_____ No_____	PERMIT #
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### Job Information

 (If this is a **Commercial Change of Use**, a building permit will be required; see a land use planner.)

Job Address \_\_\_\_\_ Suite/Floor # \_\_\_\_\_

Parcel # \_\_\_\_\_ Property Owner \_\_\_\_\_

Project Name (if applicable) \_\_\_\_\_

Value of the Work (fair market value of labor & materials) \$ \_\_\_\_\_ Current Building Permit # \_\_\_\_\_

### Contractor Information

Contractor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contractor's State License # \_\_\_\_\_ Contractor's Bellevue Business License # \_\_\_\_\_

Required. Please call the Tax Office at 425-452-6851

Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

### Description of Plumbing Work

 (indicate number of fixtures)See **reverse side** for plan review requirements

<input type="checkbox"/> Bath Tubs	<input type="checkbox"/> Hot Water Heater	<input type="checkbox"/> Pool/Spa Drains	<input type="checkbox"/> Miscellaneous (please print)
<input type="checkbox"/> Building Drain / Extension	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Roof Drain / Overflow	_____
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Indirect Drains	<input type="checkbox"/> Showers	_____
<input type="checkbox"/> Drains	<input type="checkbox"/> Interior Footing Drain	<input type="checkbox"/> Sinks	_____
<input type="checkbox"/> Drinking Fountains	<input type="checkbox"/> Laundry Tub / Washer	<input type="checkbox"/> Sumps	_____
<input type="checkbox"/> Floor Drain / Floor Sink	<input type="checkbox"/> Medical Gas Outlets	<input type="checkbox"/> Toilet	_____
<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Medical Gas Systems	<input type="checkbox"/> Urinals	_____
<input type="checkbox"/> Hosebib	<input type="checkbox"/> Oil/Water Interceptor	<input type="checkbox"/> Wash Basins	_____

Total # of Fixtures listed above \_\_\_\_\_

☐ Backflow Preventer (size of pipe: \_\_\_\_\_ inches)☐ Water Service (size of pipe: \_\_\_\_\_ inches)

### Description of Mechanical Work

 (indicate number of appliances)See **reverse side** for plan review requirements

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Gas Barbeque	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant Boiler
<input type="checkbox"/> Appliance Vents	<input type="checkbox"/> Gas Cook Top	<input type="checkbox"/> Heater, Floor-mounted unit	<input type="checkbox"/> Radiant Heat
<input type="checkbox"/> Bath Fan	<input type="checkbox"/> Gas Dryers	<input type="checkbox"/> Heater, Walls	<input type="checkbox"/> Refrigeration Equipment
<input type="checkbox"/> Ductwork only / Heat Ducts	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> HVAC Complete System	<input type="checkbox"/> Residential Kitchen Fan
<input type="checkbox"/> Fireplace Inserts	<input type="checkbox"/> Gas Log Lighters	<input type="checkbox"/> HVAC / Add & Relocate grilles, diffusers, toilet fans	<input type="checkbox"/> Rooftop Units / Outside Units
<input type="checkbox"/> Floor Furnace	<input type="checkbox"/> Gas Piping / Stubouts	<input type="checkbox"/> Kitchen Exhaust Hood	<input type="checkbox"/> Whole House Fan
<input type="checkbox"/> Fuel Storage Tank / Dispensers	<input type="checkbox"/> Gas Stoves	<input type="checkbox"/> (type: _____)	<input type="checkbox"/> Wood Stoves
<input type="checkbox"/> Furnace (< = 100,000 BTUs)	<input type="checkbox"/> Gas Water Heaters	<input type="checkbox"/> Laundry Fan	<input type="checkbox"/> Miscellaneous (please print)
<input type="checkbox"/> Furnace (> 100,000 BTUs)	<input type="checkbox"/> _____ New _____ Replacement	<input type="checkbox"/> Propane Tank	_____
<input type="checkbox"/> Generator			

### Description of Electrical Work

See **reverse side** for plan review requirements

Square Footage \_\_\_\_\_ Wiring Method \_\_\_\_\_

<input type="checkbox"/> Addition of _____ amps	<input type="checkbox"/> Lighted Sign (____ existing _____ new)	<input type="checkbox"/> Security System
<input type="checkbox"/> Addition of _____ circuits	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Service Change (service size _____ amps)
<input type="checkbox"/> Carnival or Street Fair	<input type="checkbox"/> New Building (service size _____ amps)	<input type="checkbox"/> Telecommunications / Data Cabling
<input type="checkbox"/> Feeder (____ amps)	<input type="checkbox"/> Photovoltaic Systems	<input type="checkbox"/> Temporary Power (amps = _____)
<input type="checkbox"/> Generator	<input type="checkbox"/> Pool / Spa / Hot Tub	<input type="checkbox"/> Tenant Improvement

Detailed Description of the work: \_\_\_\_\_

### I understand this application will expire if not issued within 365 days. (BCC 23.05.160)

I hereby certify that I am the owner ( or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Plan Review Requirements for Plumbing, Mechanical, and Electrical Applications

	Plumbing	Mechanical	Electrical
<b>What are PLANS required for?</b>	<p>New commercial building</p> <p>New multifamily projects (over 3 units)</p> <p>Roof drains / overflow systems</p> <p>Tenant improvements involving Medical gas piping, commercial kitchens, or food service install (King Co. Health Dept. approval required for restaurants / food preparation)</p> <p>Oil/water separator or grease interceptor installation</p> <p>Sumps (residential sump pumps need prior approval but not plan review)</p> <p>Underslab footing drains within the building</p> <p>All types of laboratories</p>	<p>New commercial building</p> <p>New multifamily projects (over 2 units)</p> <p>Relocation/addition of &gt;10 diffusers/grilles</p> <p>Commercial gas piping involving &gt;2 stubouts</p> <p>Any ductwork penetration of fire-rated Walls or ceilings</p> <p>All commercial equipment: complete HVAC systems, a/c units, heat pumps, rooftop units, fans, hood, boilers, furnaces, refrigeration, etc.</p> <p>Any work in a building that has a "smoke control system"</p> <p>Exterior work in a Design District</p> <p>Rooftop installations: screening required</p> <p>New Propane or Fuel Tanks</p> <p>New generator equipment installations</p>	<p>New commercial building</p> <p>New multifamily projects (over 2 units)</p> <p>Installations or alterations over 2500 square feet</p> <p>Existing or new commercial service alterations, generators, subpanels, transformers, feeders, or hazardous locations as defined by NEC</p> <p>Increase in load of 100 amps or more</p> <p>Any installation or alteration in a space with health care, educational, and institutional occupancy categories</p> <p>Photovoltaic Systems on commercial, MF and residential properties</p> <p>Where 60% or more of the lighting luminaires are new</p>
<b>Copies of the plans and other documents</b>	2 copies of Plan View with a Riser Diagram or an Isometric	2 copies of Mechanical Plans Routing Checklist for Mech. Permits (see Permit Processing for sheet #69)	2 copies of Electrical Plans
<b>What needs to be on the plans?</b>	<p>Pipe size and fixture units for sanitary and potable water systems</p> <p>Location and type of proposed fixtures</p> <p>Riser diagram with waste, vent, and potable water piping locations and sizes</p> <p>Medical gas piping: show type of gas, bottle storage room alarm, zone valve, backup power supply for alarm, pre-sizes</p> <p>Sumps: elevation of finish floor and of sanitary sewer</p> <p>Underslab footing drains: Detail of drains/cleanouts and design in accordance with geotechnical engineer</p> <p>Pipe size and square footage of roof area for roof drains / overflows</p>	<p>Reflected ceiling plans: show and identify ductwork, equipment, piping, supply diffusers, return air grilles, fire dampers</p> <p>Roof plan: show equipment ductwork, vents, roof access, equipment screening</p> <p>Building cross section: show equipment, ductwork, associated items</p> <p>List of equipment</p> <p>Equipment screening</p> <p>Energy equipment sizing calculations</p> <p>Building elevation demonstrating the equipment screening method for:</p> <ol style="list-style-type: none"> <li>All rooftop units, or</li> <li>Exterior work in a Design District</li> </ol> <p>Site plan: required for propane or fuel tanks</p> <p>For installation of a generator, see submittal description sheet #67.</p>	<p>See <i>Electrical Plan Guide / Checklist</i></p> <p>See <i>2008 Electrical Code Change Notice</i></p>
<b>Who can answer code or plan review questions?</b>	Mark Tullis 425-452-4566	Valerie Graber 425-452-4576	Bob Johnston 425-452-4574
		Land Use/ Development Services Desk 425-452-4188 (rooftop equipment screening or Exterior work in a Design District)	David Sher 425-452-4290